Acute Coronary Syndromes

↳ aka unstable angina, NSTEMI & STEMI (heart attack)

Patho.

★ O_2 demand > O_2 supply

1) Arthersclerosis plaque in arteries which ruptures
2) Platelet activation & thrombus formed

Presentation

S/Sx

Typical
- chest pain
- SOB
- sweating

Atypical (women, elderly, DM)
- pain in arms / back / jaw
- SOB
- indegestion
- nausea / vomiting

ECG / Enzymes

UA: ø ECG Δ's / neg cardiac enzymes
NSTEMI: ST depression / elevated troponin
STEMI: ST elevation / elevated troponin

Treatment

ACS Presentation

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Give MONA

Morphine: 1-5mg IV q5-15min PRN
- if nitro ø work
- ø give if hypotensive

Oxygen
- if O_2 < 90%

Nitroglycerin: 0.4mg SL q5m x 3 doses
- unless SBP < 90
- unless taken PDE5 inhibitor in last 24-48hr

ASA: 162-325mg STAT

Orders labs & ECG

UA/NSTEMI

Revascularization (ø fibrinolytic)

STEMI

Immediate revascularization

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1) PCI (if access to PCI)
   OR
2) Fibrinolytics (if ø access)
   → Indication:
   - chest pain < 12 hr & ST elevation (>1mm) on 2 continuous leads

Drug Therapy

DAPT: reduces reinfarction, death, stent thrombosis
→ ASA + clopidogrel / prasugrel*/ticagrelor**

Note: usually start w loading dose then maintenance
*: Avoid if >75, hx of stroke
**: many DDI

Duration: minimum 1 yr (3 yrs if low bleed risk)
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then step down to ASA OR clopidogrel continuously

Anticoagulation: ↓ chest pain & reinfarction
→ UFH / Enoxaparin / Fondaparinux

Duration: until revascularization or x2-8 days if only medical therapy (ø used if had PCI)

Beta Blocker: ↓ myocardial demand & arrythmias, ↓ recurrent MI (unless CIs: cardiogenic shock, bradycardia, HF)

ACEI / ARB: ↓ mortality, re-infarction & HF

Statin: ↓ CV events (use high dose)

MRA (if HF): if on ACEI & B-blocker & HF or DM (↓ mortality)

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D/C Home

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